

## SMALL GROUPS FOR MAY 19 SEC. 298 STAKEHOLDER MEETING

May 19, 2016

*Always keep the core values and end statement in mind!*

- **Delivery:** Which design elements improve how direct care services and supports are offered or delivered to persons and families?
  - *Examples*
    - Multi-disciplinary care teams that are accountable for coordinating the full range of behavioral and physical health supports and services, as needed
    - Peer- and family-led organizations, which employ people with prior knowledge gained from personal experience with the system, could be better utilized to help individuals and their families navigate the complex system.
    - Direct care staff need to be adequately compensated in order to attract and retain quality staff and improve the quality of care provided.
    - Shared development of care plans by the beneficiary, caregivers, and all providers.
    - Real-time information sharing across systems to ensure that relevant information is available to all members of a care team.
- **Administration/oversight:** Any design element that is *not* direct service or support that contributes to the effective and efficient provision of direct services and supports. In other words, what administration and oversight is necessary to ensure that services and supports are delivered well not only for individuals and families but across a geographic region for populations?
  - *Examples*
    - Mechanisms for assuring assessment of and accountability for the whole person.
    - Standardized, effective state reporting requirements for CMHs, PIHPs, and MHPs that assure quality without undue administrative burden.
- **Payment and structure:** Which payment mechanisms and structures should be in place at the state, regional, or local level to ensure the efficient and effective delivery of services and supports to individuals and families across the state?
  - *Examples*
    - Aligned financial incentives for services and supports across behavioral and physical health systems.
    - Mechanisms for assessing and rewarding high quality care.
    - Reinvestment of savings from improved health for the population into specialty services and supports.